

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/				51			
2		/		/			52			
3	/			/			53			
4	/			/			54			
5	/			/			55			
6	/			/			56			
7	/			/			57			
8	/			/			58			
9	/			/			59			
10	/			/			60			
11	/			/			61			
12	/			/			62			
13	/			/			63			
14	/			/			64			
15							65			
16							66			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	/		/		2		Total Indep			
Total Depend	22	←	22	←	24	←	Total Depend	←	←	←
Total Claims	23		23		26		Total Claims			